



Immunize Utah

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Utah Department of Health Immunization Program

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Dr. Sundwall Addresses Utah's Low Rates at Immunization Summit

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In July 2005, Utah was ranked 49th in the nation for the number of two-year olds fully immunized according to the National Immunization Survey. The National Immunization Survey (NIS) measures the number of children 19-35 months of age who have completed the 4:3:1:3:3 (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B) series by 24 months of age. While the NIS shows a national record-high 81% of children completing the immunization series on time, Utah lags behind at 49th place with 71.3% of Utah's children up-to-date.

In response to Utah's national ranking, an Immunization Summit was held on November 22, 2005, under the direction of David Sundwall, MD, Executive Director of the Utah Department of Health. The Summit brought together public and private health care providers, health plan representatives, community agencies and other stakeholders to make

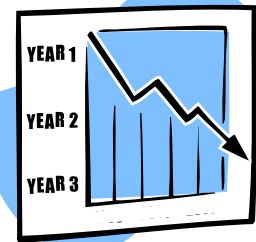
recommendations and discuss strategies to increase Utah's low immunization levels.

Dr. Lance Rode-wald with the Centers for Disease Control and Prevention, Division of Immunization Services, presented

opening remarks that highlighted national perspectives on immunization levels. Linda Abel, Manager of the Immunization Program, presented an overview of immunization levels in Utah.

Strategies for improving childhood immunization levels in Utah were generated through facilitated group discussion.

Discussions focused on specific strategies to improve childhood immunization levels and how the Utah Statewide Immunization Information System (USIIS) could be better utilized as a tool to help support higher immunization coverage. The discussions brought out many valuable ideas and recommendations.



These recommendations will be compiled into a written report and distributed to Summit participants, as well as others desiring to take an active role in efforts to increase childhood immunization levels. Dr. Sundwall encouraged future Summits to monitor progress and evaluate the effectiveness of strategies that have been implemented.

The process to increase Utah's rates will require the joint efforts of health care providers, parents, and other community members to ensure Utah's children continue to be protected from vaccine-preventable diseases.

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FluMist For School Children – Tooele Pilots Vaccination Project

Sherrie Ahlstrom, RN
Nursing Director
Tooele County Health Department

The influenza vaccine, FluMist, was a big hit in Tooele schools this past fall. Tooele County Health Department, along with the Tooele County School District, piloted a school-based influenza vaccination project, using the FluMist vaccine. MedImmune, the manufacturer of Flu Mist, provided vaccine for all children, kindergarten through sixth grade, and teachers for three schools in Tooele County. Two of the schools were located in Tooele City and one school was located in Wendover.

The project was an excellent opportunity to increase school influenza vaccination levels and evaluate the response from students and parents about the FluMist vaccine. It also provided health department nurses and health educators an exercise in mass vaccination, where large numbers of children in a school setting were vaccinated within a short amount of time. It was anticipated that 20 to 30 percent of each



school would be vaccinated. Surprisingly, the vaccination percentage was 40 and 50 percent in the two Tooele City schools and 77 percent in Wendover!

Planning and collaboration were key factors in the success of this project. School nurses and school principals worked together to determine how the project would be implemented. During the planning process, it was discovered that parent/teacher conferences would be scheduled the same time as the vaccination project. The final decision resulted in using the parent/teacher conferences as a forum to educate parents about the project.

Prior to each parent/teacher conference, all school children were given letters for their parents explaining the project, along with vaccine information sheets, health screening questionnaires and consent forms. Students returned the consent forms and

health screening questionnaires to the schools. School nurses reviewed the screening questionnaires the day before the scheduled clinic and contacted parents regarding any questions about students.

Information booths were set up at the conferences where handouts about the FluMist vaccine were distributed and nurses were available to answer parents' questions. Health Department staff anticipated a barrage of questions from parents, but were pleasantly surprised at parents' overall positive response. They were supportive and anxious to have their children participate.

Health Department staff were uncertain how long it would take to administer the vaccine to an entire school and how students would react. To simplify the process, nurses utilized vaccine supply carts, typically used for mass clinic situations. The carts are fully stocked to vaccinate 400 people and allow for quick set up in almost any situation.

The vaccination process was quick and efficient. Four nurses administered 200 doses of FluMist vaccine per hour. A special clinic was scheduled for children less than nine years of age who required second doses.

PTA volunteers assisted the nurses by escorting students to the auditorium where the clinic was held. Health Educators provided a brief explanation to students about what to expect. Parents were allowed to attend the clinic with their child, if they chose to. Some parents attended the clinic, but most did not. There were very few problems with administration and no vaccine reactions such as vomiting or fainting occurred, as expected when vaccinating large groups.

The overall experience was positive. The Health Department received no complaints and school personnel were pleased with the experience. Results of the pilot project indicated that using the intranasal vaccine is a quick, effective, and convenient method for vaccinating children. The three participating schools are anticipating a lower absenteeism rate due to this vaccination project.

Women, Infants and Children/Immunization Collaboration Pilot Voucher Program

Darin Larson, BS, CHES WIC/Immunization Coordinator Utah Immunization Program

In December 2005, the Utah Immunization Program and the Women, Infants and Children (WIC) Program initiated a One-Month Voucher Program in an effort to improve immunization levels among WIC participants. Tooele County Health Department was selected as the pilot site where the project will continue through June 2006.

The primary objective of the project is to increase the percentage of adequately immunized children enrolled in the Utah WIC Program by a minimum of ten percent at the end of the six-month period. The following objectives are also included :

- 100 percent of those WIC participants in either group will have an immunization record for each child enrolled in WIC;
- 90 percent of WIC participants in both groups will support having their children adequately immunized for age and decide to have their children immunized prior to WIC visits.

WIC participants are generally issued vouchers for three months. On the One-Month Voucher Program, WIC participants are issued a single month voucher, unless a current immunization record is presented. Single month vouchers will be issued until the participant presents an updated immunization record. WIC participants may choose to receive the necessary immunizations at the time of the clinic visit and receive the full three months of vouchers. Participants are not "required," however, to immunize their children to receive WIC vouchers. They may claim any of three exemptions allowed by law in Utah: medical, personal or religious.

The Tooele Health Department will measure progress by monitoring individual participants in two groups (Groups A and Group B). The two groups are identified by the time period of certification or recertification. One group began in December 2005 and the other will begin in January 2006.

Results of the One-Month Voucher Program will be determined by the Utah Statewide Immunization

Information System (USIIS). The findings will be presented in August 2006 at the Utah WIC Conference. States such as Tennessee and Florida, as well as cities including Chicago and New York, have achieved great success using similar methodologies. It is anticipated that the state of Utah will be added to this list.

New 2006 Recommended Childhood/Adolescent Immunization Schedule

CDC, AAP, and AAFP have endorsed and released the 2006 Recommended Childhood and Adolescent Immunization Schedule—United States. On January 6, CDC published the schedule as an MMWR QuickGuide: [http:// www.cdc.gov/mmwr/pdf/wk/mm5451-Immunization.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm5451-Immunization.pdf).

The changes to the 2005 Childhood and Adolescent Immunization Schedule include:

- Increased emphasis on the importance of the hepatitis B vaccine (HepB) birth dose;
- Recommendations for the Tdap vaccine in adolescents 11-12 and 13-18 years of age;
- Use of Tdap for Td boosters and catch -up doses in children 7-18 years of age;
- Recommendations for the meningococcal conjugate vaccine in adolescents;
- Recommendations for the influenza vaccine for children aged 6 months (and older) with certain risk factors, including conditions that can compromise respiratory function or handling of respiratory secretions or that can increase the risk for aspiration;
- Universal hepatitis A vaccination for all children one year (12-23 months) of age.

Highlights from October 2005 ACIP Meeting

The following is a report of decisions made by the Advisory Committee for Immunization Practices (ACIP) during their most recent meeting on October 26-27, 2005.

Edited from a report by Dr. Andrea Gelzer, President of Health Policy, CIGNA HealthCare and Jennifer Zavolinsky.

MMRV

The ACIP voted to recommend the MMRV combination vaccine, (except in children with HIV, who should continue to receive the equivalent component vaccines). Second dose varicella for patients ages 12 months-12 years was not recommended. Therefore, MMRV should only be used for one dose of the MMR series and the MMRII should still be used for the other dose.

At least one month should elapse between a dose of MMRV and another dose of a measles containing vaccine. At least three months should elapse between administration of any two doses of a varicella containing vaccine. MMRV may be administered simultaneously with other vaccines recommended at ages 12 months-12 years.

ProQuad is recommended for simultaneous vaccination against measles, mumps rubella, and varicella among children aged 12 months-12 years. MMRV is not indicated for persons outside of this age group. This combination vaccine is preferred by CDC to separate injections of the equivalent component vaccines. It should be stored frozen at an average temperature of <5 degrees F for up to 18 months, and should be discarded if not used within 30 minutes of reconstitution.

Varicella Zoster Immune Globulin (VZIG)

Production of Varicella Zoster Immune Globulin (VZIG) will be discontinued in 2006 and therefore, will no longer be available. Options for post-exposure prophylaxis in at-risk individuals include IGIV, vaccine, antivirals, or VZIG, (ISIG or therapeutic antivirals). For post-exposure prophylaxis of varicella during a potential VZIG shortage, the ACIP voted to recommend that **IGIV can be used** or clinicians may consider **acyclovir**, if VZIG is not available.

Childhood Hepatitis A (HepA) Recommendations

The ACIP voted to expand Hepatitis A vaccination to all children nationwide, and to reduce the age for first administration. All children should receive the hepatitis A vaccine, beginning at one to two years of age (i.e. 12-35 months) of age and the two-dose series should be completed according to the licensed schedules. Vaccination should be integrated into the routine childhood vaccination schedule. Children who are not vaccinated at one to two years of age should be vaccinated at subsequent visits during the pre-school years.

Meningococcal Conjugate Vaccine

During the ACIP meeting, there was discussion of Guillain-Barre Syndrome among recipients of meningococcal conjugate vaccine (MCV4). It was determined that there is insufficient evidence to conclude that MCV4 causes GBS, and there is ongoing risk of serious meningococcal disease. Therefore, continuation of current vaccination strategies is recommended. There is no change to current recommendation pending further analysis.

Tdap (tetanus, diphtheria, and acellular pertussis) Vaccine in Adults

During the October meeting, the ACIP made numerous recommendations regarding the use of Tdap:

1) Adults (aged 19-64 years old) who received their last dose of Td greater than or equal to ten years ago should receive a single dose of Tdap to replace a single dose of Td for booster immunization against tetanus, diphtheria and pertussis. Adults should receive decennial Td boosters, beginning ten years after Tdap, until guidance on subsequent Tdap doses is available.

2) Intervals shorter than ten years since the last Td may be used to protect against pertussis, particularly in settings with increased risk of pertussis or its complications. The benefits of using a single dose of Tdap at shorter intervals to protect against pertussis generally outweigh the risk of local and systemic reactions after vaccination. "The safety of intervals of approximately two years between Td and Tdap is supported by a Canadian study; shorter intervals may be used."

Continued on page 5

3) Adults who have or who anticipate having **close contact with infants aged <12 months** (e.g. parents, caregivers) should receive a single dose of Tdap to protect against pertussis if they have not received Tdap. Ideally, these adults should receive Tdap at least one month before beginning close contact with the infant.

4) Women should receive a dose of Tdap as soon as feasible in the immediate post-partum period if they have not previously received Tdap. When possible, women should receive Tdap prior to conception. Since it is estimated that approximately half of all pregnancies in the U.S. are unplanned, any woman of childbearing age who might become pregnant, is encouraged to receive a single dose of Tdap. [Due to the relative lack of data, no agreement on recommendation for Tdap in pregnancy was achieved at this ACIP meeting. A placeholder was put in the adult recommendation for "Tdap for Pregnant Women" to be taken up again by ACIP in February.]

5) Adults who require tetanus prophylaxis in wound management should receive Tdap if no prior Tdap was given, and the vaccine is available.

6) Adults with incomplete or unknown DTP/Tdap vaccination history should use the three dose primary series. Tdap should replace one Td dose, preferably the first dose.

7) ACIP will consider further guidance on healthcare workers in future meetings.

Adult Hepatitis B (HepB) Recommendations

The ACIP voted to recommend Hepatitis B vaccine for all unvaccinated adults who are at risk for infection and all adults who desire protection regardless of risk factors. Hepatitis B vaccine is also recommended for all adults in selected settings, such as STD clinics, correctional facilities, college health services, and drug treatment facilities. ACIP chose not to recommend universal vaccination of 19-25 year olds at this time.

UPCOMING:

Draft Recommendations for use of Pentavalent Bovine-Human Rotavirus Vaccine (PRV)

The ACIP is considering the following options for recommending PRV:

- 1) Routine/universal recommendation
- 2) Permissive recommendation
- 3) Just vaccinate targeted groups

The ACIP working group will circulate draft recommendations for PRV and there will most likely be a vote on RotaTeq (the rotavirus vaccine manufactured by Merck) at the next ACIP meeting in February (assuming FDA approval). The FDA decision on RotaTeq licensure is expected February 2006.

HPV (human papilloma virus) Vaccine Discussion

The ACIP discussed Genital HPV infection, which is estimated to be the most commonly sexually transmitted infection in the United States, and the two HPV vaccines in the final stages of testing. Quadrivalent HPV is expected to be licensed by the FDA for use in females 9-26 years of age in mid 2006.



Impact and cost effectiveness evidence regarding the HPV vaccine will be presented to ACIP in February 2006. A discussion of recommendations and a vote was proposed for the June 2006 meeting. HPV vaccine in men will be discussed at subsequent ACIP meetings.

Universal Influenza Vaccination

Dr. Walt Orenstein, formerly of CDC, reported on a universal flu vaccination meeting held at Emory just prior to the ACIP meeting in October. He discussed findings that support a universal flu vaccination recommendation, as well as the challenges of vaccine supply. Universal flu recommendations will be discussed by the influenza working group before the next ACIP meeting.

USIIS USER TIPS

USIIS User Tip #1:

If you notice that you have made a mistake entering a vaccination in USIIS and have already saved it, or if you notice the mistake on a later date, do not fear. Everything can be fixed in a few easy steps. The Immunization Screen (pink screen) is split into three sections. The top is the Patient Information, the right side is the Vaccine Details or Vaccine Entering section and the left section is the Vaccination History.



To begin the process, click on the incorrect vaccination in the Vaccination History section. You will notice the details of the vaccination appear in the Vaccine Details section. With the vaccination details displayed, you can now change any field desired, except two. Once you have

made the changes, simply click the Save button in the Patient Information section. The two fields you cannot edit are the Vaccination Date and the Vaccination Type. If you want to change one of these two fields, then you must first select the vaccination from the Vaccination History, just as before, and then click the Delete button in the Patient Information section. The Delete button is only active when a vaccine is selected. After you have deleted the vaccination (may take up to 24 hours to be deleted), simply enter the correct information and click Save.

USIIS User Tip #2:

If you need to add a new user to USIIS and don't know what to do, visit the USIIS website. Type in <http://www.usiis.org> in the address bar of your browser to access the USIIS website. Place your cursor over the menu item (located on the left side of the page) labeled "Enrollment Packets." A sub-menu will appear. Under the heading "General Enrollment Information," click on "User Agreement." Print the User Agreement, complete it and send to the Utah Immunization Program, Provider Relations. You must mail the completed form, with an original signature, to the Utah Immunization Program at the following address: PO Box 142001 Salt Lake City, UT 84114-2001. The USIIS website contains other helpful information, such as the User's Manual, Monthly Reports

and how to receive Customer Service and Technical Support. So take a look and let us know how we can assist you.

USIIS User Tip #3:

Pop-ups are an evil of the Internet that most of us wish would go away. Consequently, more and more companies are attaching pop-up blockers to their products. Microsoft Internet Explorer and Mozilla Firefox both have pop-up blockers built into their browsers. There are also several tool bars that have pop-up blockers. So, it is possible for a USIIS user to have at least three pop-up blockers installed at one time. For example, if you were using Microsoft Internet Explorer and had the Google and Yahoo toolbars installed, you would automatically have three blockers.

This raises the question of why this would be a bad thing. To answer the question, not all pop-ups are bad. USIIS uses pop-ups to display reports and messages to users. If a blocker is installed and incorrectly configured, a USIIS user would not see the messages or might think that the USIIS reports were not working. To ensure that USIIS works correctly, please make sure that your browser allows pop-ups for the <http://webkids.usiis.org> website. If you have more than one pop-up blocker installed, make certain the USIIS website is allowed in all of the blockers. For more help on how to uninstall or configure your pop-up blockers, please talk to the IT professional at your clinic site, or call the Remedy Help Desk at 1-801-538-3440, extension number 5.

For more information or clarification on these tips, contact J.C. Alexander at 801-538-6827; jcalexander@utah.gov or Provider Relations at (801) 538-9450.

Attention Immunize Utah Readers!

Do you have a special project, outreach program, pilot project or print materials that you would like to highlight? Shine the spotlight on your work! Send an email to Rebecca Ward at Rward@utah.gov or call (801) 538-6682.

Vaccine Storage and Handling Q&A

Get the Scoop!



Our clinic just purchased a new refrigerator. How do we know when it's safe to store vaccines?



At least one week of temperature checks within normal ranges (twice daily) must be recorded before storing vaccines. This also applies to a unit that failed and was repaired.



Our refrigerator is a household style unit with limited space. Why can't we store vaccines in the crisper drawer and door?



Temperatures fluctuate in these areas and could cause vaccines to spoil. When temperatures were monitored in these areas, they varied up to ten degrees warmer or colder than the middle of the refrigerator.



Where is the best place to store vaccines in the refrigerator to maintain viability?



On the middle shelf, in the center of the compartment, away from walls and cold air vents. If the top shelf must be used in a household unit, store MMR on this shelf because it is not sensitive to freezing temperatures. Remember not to store vaccines in sealed containers. Air should be allowed to circulate around the vaccines.



Our clinic is moving to a new location. How can I be certain vaccines remain viable during the move?



Vaccines should be packaged according to CDC/VFC guidelines, including the use of temperature monitors, any time that they are moved. Vaccines should be transported in vaccine shipping containers, inside of the vehicle -- not in the trunk. To maintain potency, varicella should be transported on dry ice only. Contact the VFC Program, at (801) 538-9450, for complete instructions and to obtain temperature monitors.

NEW Electronic Immunization Reminder Service

Parents can now get help remembering when their child's immunizations are due. The new electronic immunization reminder service is an online service that generates an e-mail message to parents regarding which immunizations are recommended for children two months through one year of age. The information provided is based on the Recommended Childhood and Adolescent Immunization Schedule from the Centers for Disease Control and Prevention (CDC).

It is not necessary to provide the name of the child or parent to use this service. Only an e-mail address and the birth date of the child are necessary to receive the e-mail immunization reminder. For more information, visit <http://www.immunize-utah.org/apps/uirs/index.php> or call the Immunization Program at (801) 538-9450.

New Seventh Grade Entry Requirement for 2006-2007

Beginning with the 2006-2007 school year, a student entering the 7th grade must have proof of the following immunizations:

3 Hepatitis B; 1 Tetanus/Diphtheria (Td) booster;
1 Varicella - proof of previous history is acceptable. This is in addition to other immunizations which should have already been completed (i.e. MMR, Polio). The new Td/Pertussis (Tdap) vaccine may be given to satisfy the Td requirement.

NIP needs Pilot Testers

The National Immunization Program has an ongoing need for volunteers to pilot test immunization training courses. Volunteers are particularly needed in the following occupations: physicians, pharmacists, health educators, medical assistants and nurses. To learn more about becoming a pilot tester, please send an email to nippilot@cdc.gov.

Networking to Prevent Birth Defects

**Amy E. Nance, B.S.,
Study Coordinator
Utah Birth Defect Network**

January is Birth Defects Prevention Month. Nationally, birth defects are the leading cause of death in children less than one year of age. In Utah, approximately 1,400 babies are born with a birth defect each year. Medical care, support services, special education, lost wages, and lost productivity just scratch the surface of the financial and emotional impact of birth defects and disability on families, individuals, businesses, and communities.



The good news is that prevention efforts offer hope for reducing the number of families in Utah affected by birth defects. The following prevention strategies can easily be incorporated into clinical practices:

- **Provide folic acid education as a standard of care.** The U.S. Public Health Service recommends that all women of childbearing age consume a multivitamin containing 400 micrograms (400 mcg or 0.4 mg) of folic acid every day to help prevent up to 50 percent of neural tube defects in the U.S.
- **Educate patients about risks** for diabetes, glycemic control and pregnancy outcome.
- **Counsel women about the importance** of diet, weight and fitness.
- **Counsel about the importance** of compliance with treatment in women with chronic conditions, and perhaps the need for genetic counseling.
- **Educate** that during pregnancy, no level of alcohol or tobacco ingestion is suggested for the developing fetus.

The Utah Birth Defect Network (UBDN) encourages health care providers to include these prevention strategies along with preconception health planning into every aspect of health care for women who are in their reproductive years.

To assist with education efforts, the UBDN, in conjunction with the National Birth Defect Prevention Network, created fact sheets on folic acid, domestic violence, diabetes, healthy lifestyles, infections and immunizations, medical conditions, and smoking in English and Spanish languages. These fact sheets may be ordered by contacting the UBDN.

For more information, to order materials, or if you have questions, please contact Amy Nance, Study Coordinator for the Utah Birth Defect Network, at 801-257-0566; toll-free at 1-866-818-7096 or email at aenance@utah.gov.

Provider Reminders at Visit Improve Immunization Coverage

A recently published study offers strong support for provider reminders about the child's next immunization visit at the time of the immunization visit. The study compared 4:3:1:3:3 (4+ doses of diphtheria and tetanus toxoids and pertussis vaccine, 3+ doses of poliovirus vaccine, 1+ doses of measles-containing vaccine, 3+ doses of Haemophilus influenzae type b vaccine, and 3+ doses of hepatitis B vaccine) coverage among children 19-35 months whose caregivers learned by different methods when their child's most recent immunization was needed.

Methods included: provider reminders during an immunization visit (of the next scheduled immunization visit); use of a shot card/record; use of reminder/recall systems; and informal methods such as reminders from relatives, friends, or daycare providers.

Of all methods, provider reminders during an immunization visit (of the next scheduled immunization visit) were found to be the most effective. Coverage rates for children of "reminded" caregivers were significantly higher than children of "un-reminded" caregivers (77% versus 70%). To access the complete article, published in BMC Pediatrics, please visit <http://www.biomedcentral.com/1471-2431/5/44>.

Kudos To Providers!



The Utah Immunization Program is proud to recognize outstanding efforts in immunizing Utah's children. We are pleased to recognize the following providers for rates shown during recent immunization assessments from October through December 2005 using the Clinic Assessment Software Application (CASA).

For achieving the goal of immunizing 90% or more of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib & 3 Hepatitis B:

Central City CHC 94%

For achieving the goal of immunizing 80% or more of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib & 3 Hepatitis B:

City Creek Pediatrics 84%

Collin Kelly, MD 88%

Southpoint Pediatrics 85%

For achieving the goal of immunizing 70% or more of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib & 3 Hepatitis B:

Bruce Isaacson MD 79%

Centro De Salud Familiar 75%

Copperview CHC 75%

G. Greg Haroutunian MD 73%

IHC Fillmore 70%

Pediatrics 77%

U of U Student Health Service 75%



Mark Your Calendars! 2006 Events

USIIS User Group Meetings

Salt Lake

February 16, 2006 7:00-8:30 am

Cottonwood Hospital
5770 South 300 East, Murray
(Continental breakfast provided)

For more information regarding User Groups meetings or to establish a user group in your area, please contact Janel Jorgenson at (801) 538-9991.

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February 9, 16, 23, March 2, 2006

10:00 am-1:30 pm MTN

Epidemiology and Prevention of Vaccine Preventable Diseases Satellite/Web Course

<http://www.phppo.cdc.gov/phtn/epv06/default.asp>

February 23, 2006

10:00-11:00 am

Every Child By Two Immunization Coalition
Cannon Health Department, Salt Lake, Room 101
Call (801) 538-9450 for more information.

March 6-9, 2006

40th National Immunization Conference
Atlanta, Georgia

<http://www.cdc.gov/nip/NIC/default.htm>

April 22-29, 2006

National Infant Immunization Week

<http://www.cdc.gov/nip/NIC/default.htm>

April 23, 2006 8:00 am

Utah Scientific Vaccine Advisory Committee
This Committee meets quarterly in Salt Lake: January, April, July, October. Contact Linda Abel at (801) 538-6905 for more information.



P.O. Box 142001
288 North 1460 West
Salt Lake City, UT 84114-2001

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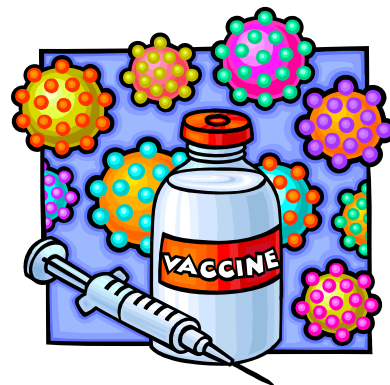


Check out our web-sites!

www.immunize-utah.org
www.usiis.org

NOTICE !
Order Your 2006/2007
Flu Vaccine Now!

Flu vaccine manufacturers are taking orders earlier than in previous years for the upcoming 2006/2007 flu season. Ordering schedules vary by manufacturer and by distributor; however, most manufacturers will be taking direct orders beginning this month, January 2006.



Now is the time to check with manufacturers and distributors that you order from regarding their opening and closing dates for flu vaccine orders so that orders can be placed before the deadline.